IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO

RECEIVED

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)	JUL 29 2019
IF THE PLAINTIFF IS A PRISONER: PRISONER # 689-025	RICHARD W. NAGEL Clerk Of Court CINCINNATI, OHIO
Ohio Department Of Rehabilitation Correction (ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)	Mental Health S
IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:	
Scioto County Mental Health Department, CRC Mr. Blissenbach, Michael S. Witter,	1:19CV672
John Gauny, CRC Warden Oppy Leci Lisa Martin, State Of Ohio Collaborative Physician Marcia Adelmi	J. BLACK
COMPLAINT	de de la companya de
I. PARTIES TO THE ACTION:	MJ. LITKOWI
PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. TI ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COULD CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONUMBER IS REQUIRED.	RT MAY
NAME - FULL NAME PLEASE - PRINT	
ADDRESS: STREET, CITY, STATE AND ZIP CODE	
Chillicothe, OH 45661	
TELEPHONE NUMBER	

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

Case: 1:19-cv-00619-TSB-KLL Doc #: 1-1 Filed: 07/29/19 Page: 2 of 6 PAGEID #: 12

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES (*) NO ()
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1.	PARTIES TO THIS PREVIOUS LAWSUIT
	PLAINTIFFS: Johnson
	State Of Ohio
2.	COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT , NAME THE COUNTY)
	USDC For The Southern Ohio District
3.	DOCKET NUMBER
	Unknows
4.	NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED Stephaine Bowner
5.	DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)
	Still Pending
6.	APPROXIMATE DATE OF THE FILING OF THE LAWSUIT
	Unknown
7.	APPROXIMATE DATE OF THE DISPOSITION
	Unknown

F. IF YOUR ANSWER IS YES:

WHAT STEPS DID YOU TAKE?

		* * *	 	
***			 	 ····
	THE RESU	r mo		

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. CRC MV. Rlissen bach
NAMES-FULL NAME PLEASE

The Operation Center 4545 Fisher Rd Columbus OH 43228

2. Michael S. Witter

The Operational Center 4545 Fisher Rd. Columbus OH 43228

3. Lisa Martin Leci
Leci The Operation Center 4545 Fisher Rd. Columbus OH 43228

4. Dr. Ison CCI
CCI The Operation Center 4545 Fisher Rd. Columbus OH 43228

5. Dr. Rumor CCI
CCT The Operation Center 4545 Fisher Rd. Columbus, OH 43228

6. John Gauny
The Operation Center 4545 Fisher Rd. Columbus, OH 43228

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

The Operation Center At 4545 Fisher Rd. Columbus, of H 43228

Marcia Adelmin MD State of Ohio

The Operation Center 4545 Fisher Rd. Columbus, OH 47228

The Scioto County Mental Health Psychatrist Department

Mental Health at 1025 165t. Poits mouth, OH 45662

STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

Alonzo 500018 da.

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

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SIGNATURE OF PRAINTIFF